

# COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp  
**RECEIVED**  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
2018 AUG 10 PM 3:51

**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE **OFFICE OF PUBLIC RECORDS** IN 232 HART BUILDING

Name of Traveler: Susan Chandler Smith

Employing Office/Committee: Senate Republican Conference

Travel Expenses Paid by (List all sources): Congressional Institute

Travel Date(s): January 31 - February 7, 2018

Description/Title of Attached Forms: This is Form RE-2.

Purpose of Amendment (describe the reason for amending original submission): I did not indicate the year of the trip on the date line in my original form.

8/10/2018  
(Date)

Susan Chandler Smith  
(Signature of Traveler)

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

**Post-Travel Filing Instructions:** Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**  
☐ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Congressional Institute

Travel date(s): January 31 - February 1, 2018

Name of accompanying family member (if any): \_\_\_\_\_

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	\$267	\$93 + Tax	\$64	\$223 facility rental

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

Please see the itinerary included in this document.

8/10/2018  
(Date)


Susan Chandler Smith  
(Printed name of traveler)

  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

8/10/2018  
(Date)

  
(Signature of Supervising Senator/Officer)